LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380070801

Issued 05/30/91
Expires 11/30/91

ESTABLISHMENT

JAMES LOVELL
T8N R8E SEC 2
LOT 18

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

JAMES LOVELL
RR0001
BOX 0149A
BENNET NE 68317

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
5/31/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 5-28-91

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 8E ; Section 2 ;
   Block _____ : Lot 18 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Distance to public sewer: 1500 ft.

James E. Lovell
Signature of Applicant (Owner or Lessee)

RR1 Box 149A
Address Bennet Nebr. 68317

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/30/91. Date Frwd. 5/30/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-29-91. Date Frwd. 5-29-91. ACTION: Approved ☑ Disapproved ☐ Signature: Alvin Haynes

3. City or County Engineer: Date Rec'd. 5/30/91. Date Frwd. 5/30/91. ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/24/91 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/28/91 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 8 ; Section & ¼ Section 2 .
Property Dimensions: 1320 ft. x 330 ft. Area: 10 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ Black Dirt ■
Dates of Tests: 5-20-91 to 5-21-91. Weather: Cloudy Precip. Trace Temp. 78°

OWNER: James E. Lovell
Address: RR1 Box 149A Bennet Nebr, 68317

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in)
1	36"	5-20	5 pm	5-21	6 pm	5-21	6 pm	6"	10:00 pm	4 3/4	30m	1 1/4	
2	36"	5-20	5 pm	5-21	6 pm	5-21	6 pm	6"	10:00 pm	4 1/2	11	1 1/2	
3	36"	5-20	5:00 pm	5-21	6 pm	5-21	6 pm	6"	10:00 pm	4 3/4	11	1 1/4	
4	36"	5-20	5:00 pm	5-21	6 pm	5-21	6 pm	6"	10:00 pm	5	11	1	
5	36"	5-20	5:00 pm	5-21	6 pm	5-21	6 pm	6"	10:00 pm	4 1/2	11	1 1/2	
6	36"	5-20	5:00 pm	5-21	6 pm	5-21	6 pm	6"	10:00 pm	5 1/4	11	3/4	
7	36"	5-20	5 pm	5-21	6 pm	5-21	6 pm	6"	10:00 pm	5 3/8	11	5/8	
8	36"	5-20	5 pm	5-21	6 pm	5-21	6 pm	6"	10:00 pm	5 1/2	11	1/2	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

James E. Lovell
Signature of Person Conducting Test
Address RR1 Box 149A Phone 782-6815
Bennet Nebr. 68317 (Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: May 28, 1991

Jerrold C. Nobo
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

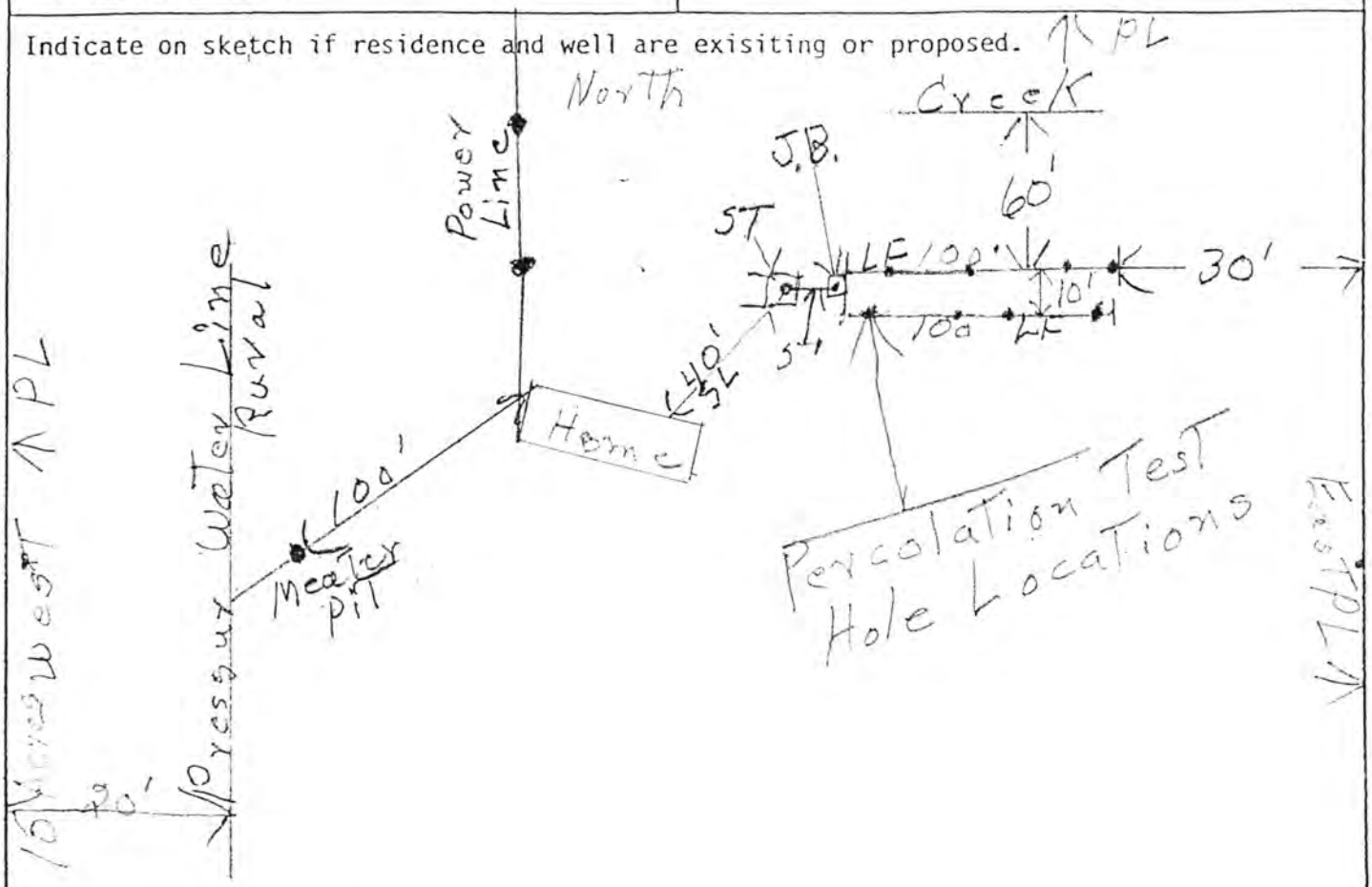
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

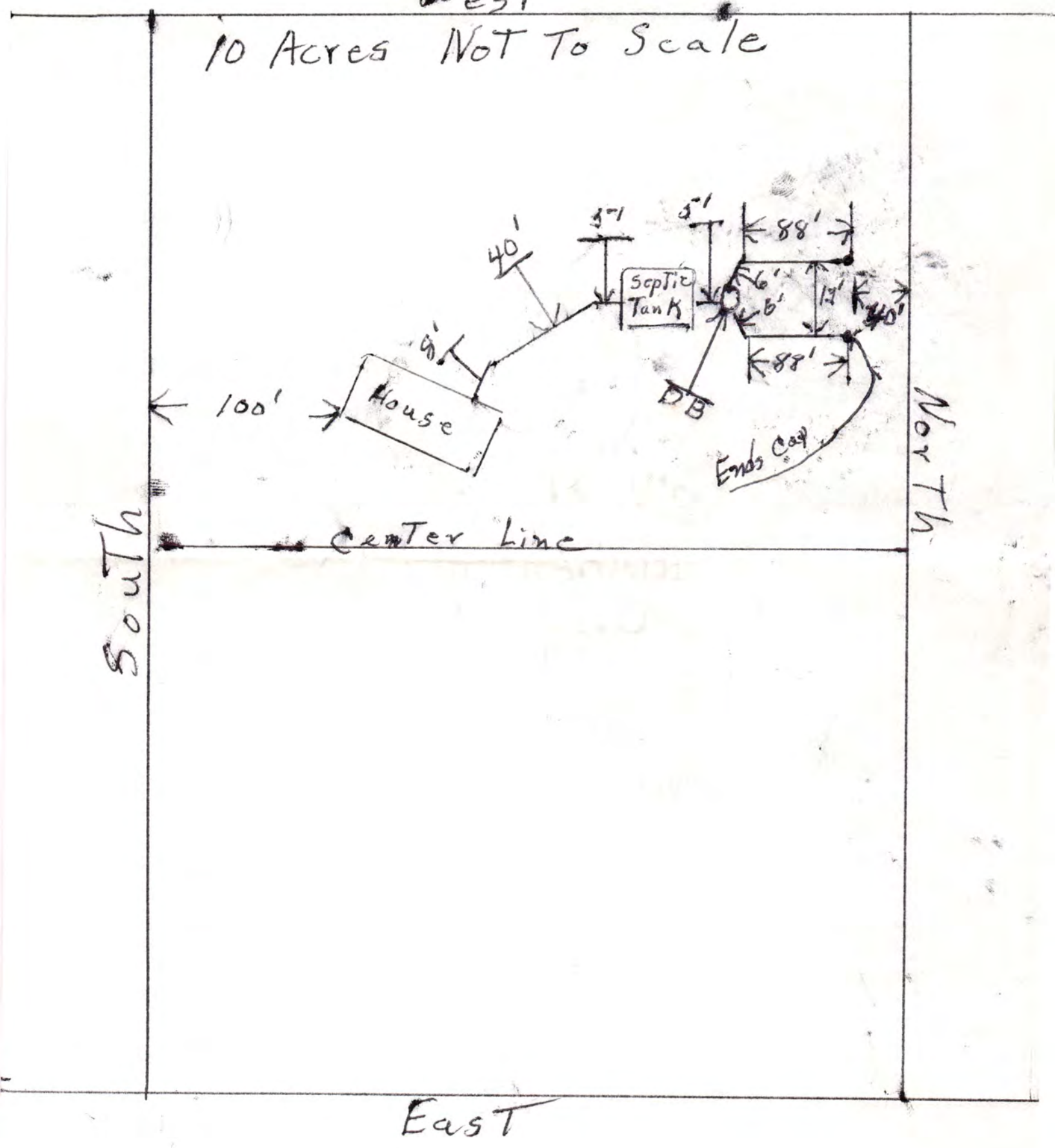
Remarks: _____

Date: May 28, 1991

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 161 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 484 sq.ft.

Gerald C. Hood
Signature of Reviewing Official

Jim Lovell Property



FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7-8-87

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☑ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N; Range 8E; Section 2;
Block _____; Lot 18 IT; Addition _____
Street Address 12300 So. 162 nd

2. Property Use: Residential ☑ ☐; Commercial _____ ☐
No. Bedrooms 2
Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☑; Other ☐

4. Description of proposed alteration, extension or repair: Remove old Line & Replace with New.

5. Work to be done by: Owner ☑; or Contractor ☐, _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	225.90
b. Labor	$	60.00
c. Other	$	60.00
TOTAL	$	345.90

James E. Lovell
Signature of Applicant (owner or lessee)

RR1 Box 149A Bennet Nebr. 68317
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ No FEE

2. Site Visits:
Date: 7/8/87 by: J.C.H
Date: 7/14/87 by: J.C.H
Date: _____ by: _____

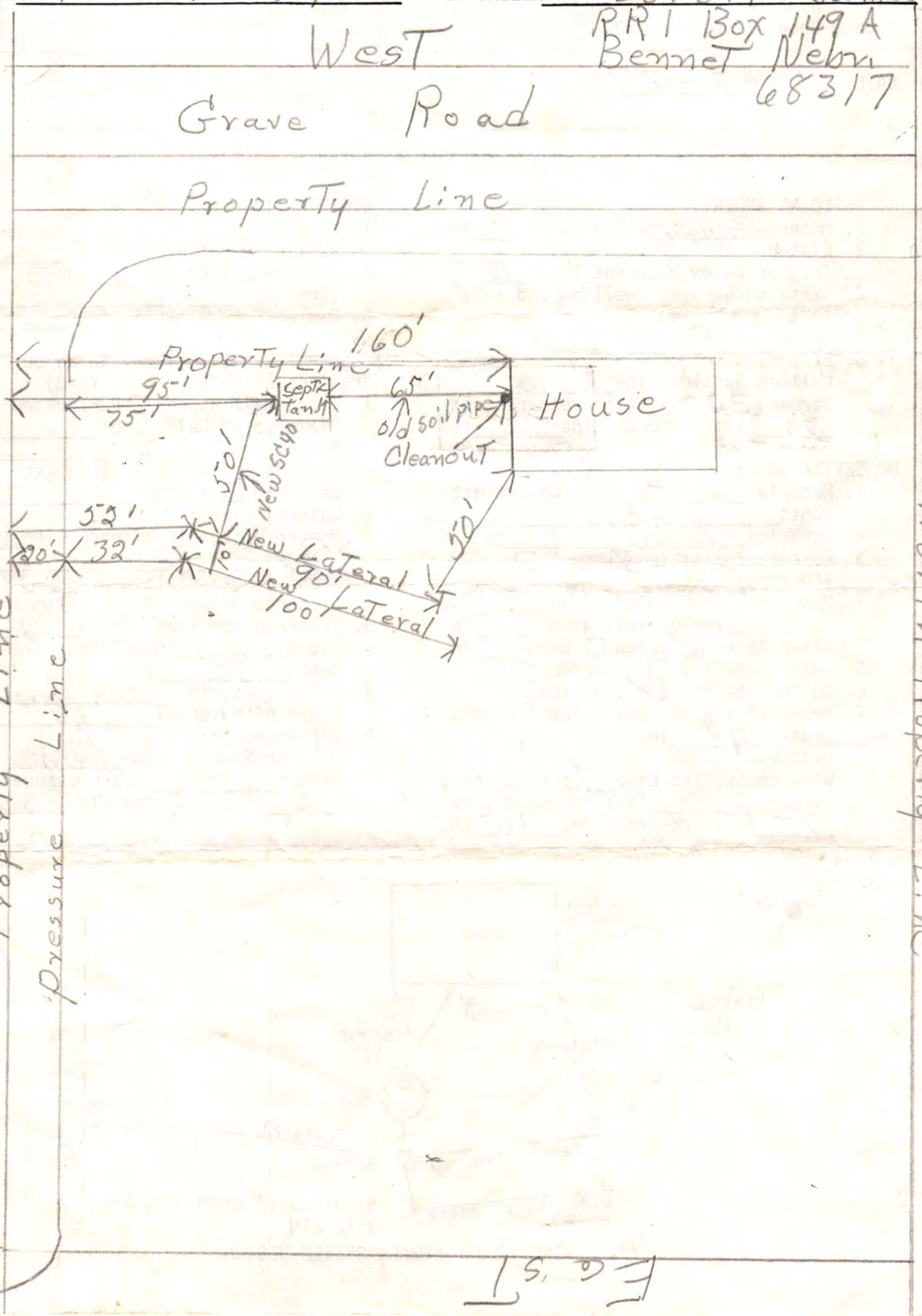
3. Date: Approved ☐; Disapproved ☒ *
by: Jerrold E. Hook

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/20/87 by: J.C. Hook *

~~X~~ PRESSURE WATER LINE TOO CLOSE. CHANGED
* PROVISIONAL SOME COVERED BEFORE INSPECTION 7/17/87

AS BUILT DRAWING OF SYSTEM

DATE 7-17-87 INSTALLER Lovell James
RR 1 Box 149 A
Bennet Nebr.
68317



FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 7-17-87

FILE NO. _____

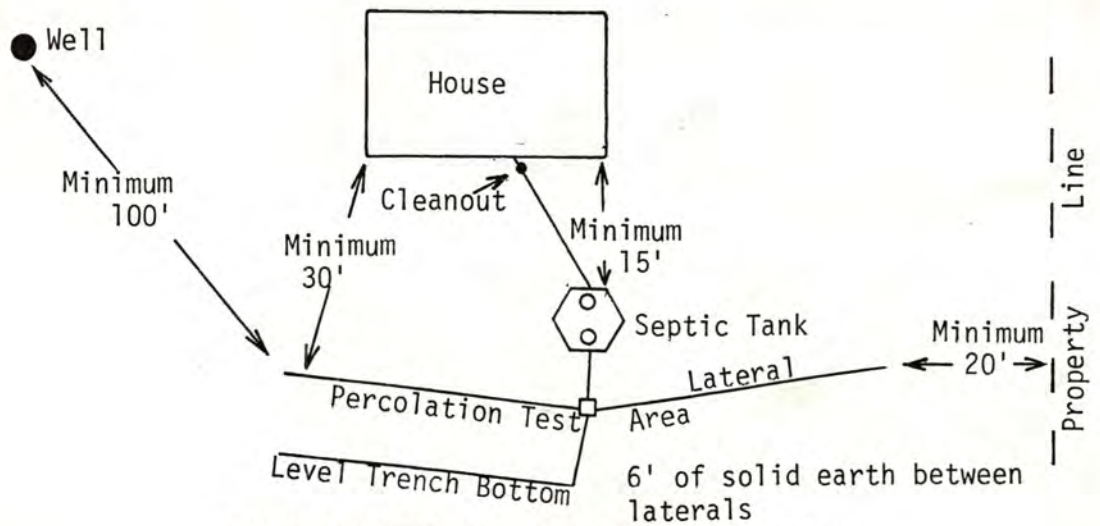
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sail pipe; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 65' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line None ft.;
Stream 300 ft.; Pressure Line 75' ft. From Tank; Property Line 95' ft. From Tank

B. SEPTIC TANK:
1. Material Concrete; No. of compartments one.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Step Co.)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. _____ in.
Riser Above ☒ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 48 in.
8. Distances to:
Well or Suction Line None ft.;
Stream 250 ft.; Pressure Line 75' ft.; Property Line 95' ft.

C. DISTRIBUTION BOX: None
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round _____ or
Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 2 ft.;
Slope Level in/100 ft.; Average Depth 30 in.
4. Filter Material: 2 A Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line None ft.;
Stream 250 ft.; Pressure Line 32 ft.; Property Line 52 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN